

Lanemile Limited

Tall Trees

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

About the service

Tall Trees is a residential care home providing personal and nursing care to 34 people aged 65 and over at the time of the inspection. The service can support up to 44 people.

Tall Trees accommodates 34 people across 2 separate wings, each of which has separate adapted facilities. One of the wings specialises in providing care to people living with dementia.

People's experience of using this service and what we found

- People were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.
- Staff had a good knowledge of how to keep people safe from harm.
- People were supported to take their medicines in a safe way and staff knew when to administer 'as and when required' medicines to people.
- Staff were recruited safely, and appropriate checks were carried out before they started work at the service.
- Where errors occurred, lessons were learned, action was taken and embedded into the service to prevent re-occurrence.
- The registered manager ensured that staff received appropriate training based on people's individual needs.
- Staff had a good understanding of key pieces of legislation and when they should be applied.
- Quality assurance processes were in place to ensure the safety of the service and these supported the safe running of the service.
- People received care and support based on their individual assessment, needs and preferences.
- People were supported by staff who understood the need to ensure person centred care and to respect and listen to people.
- People told us they felt well cared for by staff who treated them with respect and dignity and encouraged to keep their independence for as long as possible.
- Systems were in place for people to raise complaints and concerns. Where complaints were raised, action was taken and fed back to people.
- There was a strong emphasis on continually striving to improve the service. Management recognised, promoted and regularly implemented innovative systems to provide a high-quality service.
- People and staff spoke extremely positively about working for the registered manager. They felt well supported by them and could talk to management at any time.
- The service worked in partnership with other organisations to make sure they were following current practice and providing a high-quality service.

Rating at last inspection

The last rating for this service was good (report published 06 December 2016)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Tall Trees

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors and an assistant inspector conducted the inspection.

Service and service type

Tall Trees is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced and took place on 6 and 7 June 2019

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, clinical lead, care workers and the chef.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and protect people from harm. One staff member told us, "Safeguarding is about how people are looked after and report if they are not safe or we are worried about their welfare." As required, reports were made to the local authority and Care Quality Commission when concerns about people's safety were identified and appropriate action was seen to be taken.
- People and staff were supported to keep safe and to raise concerns when abuse occurred. Both had access to safeguarding information around the service.
- Staff told us they had not raised a safeguard but knew how to. One staff member told us, "If I had safeguarding concerns, I would go to the registered manager or I can call the number on the posters we have to raise one."
- Staff told us they had received safeguarding training and had a good understanding of what to do to make sure people were safe. One member of staff told us, "We have had safeguarding training. If I saw anything that was not right, I would go to the registered manager and take it further if needed."

Assessing risk, safety monitoring and management

- People and relatives told us people were safe. One person told us, "Staff make me feel safe and I can trust them all." Another person told us, "I defiantly feel safe. Staff are kind and happy." A relative told us, "I feel [person] is safe, I really do, I come every few weeks, but know [person] is in good hands. They look after [person] well even when they were challenging, they know how to look after them."
- Up to date risk assessments covering people's needs and identified risks were used by staff to help deliver care people needed. Risk assessments included bed rails, skin breakdown, moving and handling and type and equipment required. Staff understood people's risks and we observed these being minimised. One member of staff told us, "The risk assessments are on the computer and when I started working here, I tried to read the care plans including risk assessments. They are up-to-date and well documented." A professional provided us with feedback as part of the inspection and told us, "Tall Trees successfully manages the care of people with dementia whose needs are particularly complex and whose presentation can be challenging and whose needs might not be well met elsewhere."
- Risk assessments relating to the environment were in place. This included personal emergency evacuation plans (PEEPS) for use in case of an emergency. PEEPS included detailed plans for day and night, identifying supervision requirements during and after evacuation and potential emotional/psychological reactions to consider. One staff member told us, "During a fire drill, there is a lot of noise and when the fire doors close it can be very disorientating in the corridors. However, the fire marshal's come along give you a hand and are so supportive, you feel safe."
- Maintenance checks were completed, and equipment was maintained. These checks included legionella, fire and slings.

Staffing and recruitment

- People, staff and relatives told us there were not always enough staff on the nursing unit. One staff member told us, "During the week there is enough staff but at weekends, we struggle. We manage, and make sure we do as we are here for the residents." Another told us, "There are times when we need more staff, staff do say weekends are short on staff. Staff have to prioritise". A person told us, "Sometimes I must wait for staff and that is why I do not like to get out of bed, so I don't have to wait, and I am then more comfortable." The registered manager told us they recognised staffing levels needed increasing to maintain and ensure person centred care. They told us, "I have put a business case together which is with my manager as I feel we need more staff so that staff can do more with people and not become task orientated. I know that the people who live here will also need more support due to their health. We have increased staffing because we have a new person coming in."
- Arrangements to ensure the right number of staff were on duty were in place and staff said these worked well. One staff member told us, "If someone calls in sick, we will phone up the manager and they will speak to the shift lead. They will try and get staff to come in. If they can't, then they will arrange for agency staff."
- Rota's were in place and staffing was allocated based on people's needs. This included people who had been assessed as requiring 1:1 staffing. Staff told us staffing was adjusted where required.
- Recruitment processes were safe as checks to ensure staff were fit to carry out their role had been completed. One member of staff told us, "The manager doesn't employ just anybody, I see many people come in for an interview and look around, but I don't see many of them come back."

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- People's medication records confirmed they had received their medicines as prescribed. We carried out a stock check of medicines and found that stock levels held were correct.
- Staff were assessed as competent and where any concerns were raised about practice, new competency assessments were undertaken.
- People received support to manage their 'as required' medicines. Protocols and procedures were in place for staff. Some protocols did not always give staff appropriate information on how to support people with medicines who were nonverbal. However, staff told us they knew how to respond and were able to tell us what nonverbal signals they would look for. We discussed this with the clinical lead during the inspection and information was added immediately,

Preventing and controlling infection

- People and relatives told us staff followed infection control procedures. We observed staff following procedures throughout the inspection.
- Staff told us they had received training in infection control and knew how to prevent the spread of healthcare related infections. One staff member told us, "We have gloves and aprons, we use red bags for soiled items. The home is clean and there is always housekeeping about." Another told us "Where we have a person with an infection condition, their clothes are red bagged, and we do their wash separately. We wear gloves and we do have goggles in our laundry because we also deal with chemicals when we are changing the liquids."

Learning lessons when things go wrong

- The service has a process for ensuring staff learn from errors. For example, an incident had occurred whereby a person did not receive their lunch or drink because of an error. Following the incident, a meeting was held, and actions were discussed to prevent this from re-occurring. Alongside this, processes were put into place to monitor that this was being followed.

- Where there had been errors made with medicines, measures been put in place to reduce any re-occurrence. Where errors had taken place, we found that these had no re-occurred since.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same good rating.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager and clinical manager carried out detailed and comprehensive needs assessment to consider each person's diverse needs, choices and expected outcomes prior to their admission. This determine the type and level of support they needed and ensured their needs could be met. The registered manager told us, "Either myself or my clinical lead will assess someone before they come into the home, sometimes we will do it together. We will then talk to the staff in the home, so they know what kind of person will be coming into the home." A person told us, "We sat down with my partner and the manager, and we spoke about the service and what it was. This was when I was in hospital."

Staff support: induction, training, skills and experience

- People told us they felt staff were trained and knew what they were doing. One person told us, "Yes, staff do know what they are doing. They are really good! I do like it here."
- Staff had a clear understanding of their role and what was expected of them. Training was blended between eLearning and face to face training. This included safeguarding, MCA and DoLs, fire training and health and safety. Staff told us they had the training they needed to support people's individual needs. One staff member told us, "We have had lots of training with equipment like hoist and the special bath. We can ask for more training if we need or want to." Another staff member told us, "In my role, we complete eLearning including fire training, COSSH, Safeguarding, I feel it is enough to do my job."
- Staff told us competency assessments took place regularly or where concerns were raised. We saw an incident had occurred where someone had not received their medication as required. Records showed that because of this, a competency assessment took place.
- The Care Certificate had been completed by staff without prior care experience or qualifications. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life. However, we found staff did not start this until after their six-month probation period had ended. This meant staff new to care may not always have the necessary knowledge and understanding required. We discussed this with the registered manager and regional manager who told us they would look at this to ensure people had the knowledge required.
- Staff received a comprehensive induction programme One staff member told us, "I have worked here on and off for a number of years but when I came back, I was re inducted and did a two-week induction with shadowing and training." Another told us, "I have done a number of different jobs since I have worked here. I got an induction into what was involved for each. It covered everything I needed, one of the longest members of staff and did my induction. I did shadow for a whole week."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they received choice with food and drink. One person told us, "The food is very good, and the cook is good! You get a choice the only thing I do not eat is fish but staff all know that." Another person told us, "The food is good, it is all homecooked and I get a choice."
- The head chef was passionate about their work and put a strong emphasis on eating and drinking well. They provided an excellent quality of home cooked food with a variety of different options to choose from each day.
- The head chef had introduced creative ways to encourage people to be involved in the whole experience of selecting food. They took round a 'farmers market stall' with fresh meat and fish on a bed of ice with fresh vegetables for people to select what they would like them to cook for their lunch or tea. This stimulated meaningful conversation with people and brought passion out in two people who had previously been butchers. They enjoyed discussing food and menus with her. One person said they "love the homemade cheesecake."
- The head chef considered people with specific dietary needs and food intolerances such as lactulose intolerant, diabetes and weight loss. For people at risk of malnutrition and dehydration or had unplanned weight loss, the kitchen regularly supplied fortified foods, jelly shots and smoothies. People had access to cool juice machines as well as hot and cold-water dispensers.

Staff working with other agencies to provide consistent, effective, timely care

- Staff communicated effectively with other staff. A daily shift handover to communicate between staff. This allowed staff to know what was happening with people and any changes in their needs. The handover included any issues or concerns with people as well as medication to ensure any concerns were raised quickly and dealt with effectively.
- The service had built up a good working relationship with the local GP and clinical commissioning group. Records showed us that people had access to different agencies throughout their stay at Tall Trees to support their care.

Adapting service, design, decoration to meet people's needs

- The environment was suitable for the people living there. Wide doorways and corridors, level and non-slip floors and strategically placed passenger lifts and hand rails supported people who used wheelchairs or walking aids to move around independently and safely. Throughout the building was natural daylight which helped people to orientate to time of day or night.
- Changes had been made to the fabric of the building to meet the needs of people with dementia. For example, there were hats and bags on various walls for people to try on and wear and boxes of old photographs to look at. A 'nursery station' with a cot, pram and dolls; various 'cleaning stations' with dust pan and broom, dusters and other cleaning equipment. A refurbished walk in wet room provided a warm and comfortable environment with an electric shower chair for people with poor sitting balance. It promoted comfort, safety and dignity throughout the entire process of transferring, toileting and showering.

Supporting people to live healthier lives, access healthcare services and support

- People and relatives told us people were supported with their healthcare. One person told us, "Yes, staff would get the doctor to come in to see me." Another told us, "Staff do support me to see a doctor. I often see someone." A relative told us, "The home gets the doctor if one is needed, they are really good. [Person] gets the care they need, and they see the chiropodist often." Another told us, "Staff are good at knowing if [person] is unwell and calling out the doctor. [Person] had an ulcer and they looked after it well."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- DoLS were in place for people using the service to keep them safe from harm, however, one application had not included the use of a monitor. We discussed this with the registered manager and clinical lead, and this was rectified immediately. The manager understood their responsibility to apply for DoLS as needed and understood their responsibility to inform CQC.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Related assessments and decisions had been properly taken.
- Staff understood the importance of gaining consent before providing support. Observations of staff and people showed this. One staff member told us, "As staff, we always knock on someone's door and ask if the person is ready to get up. We explain at every stage what we are going so they feel safe and relaxed."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same good rating.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People, relatives and professionals told us people liked living at Tall Trees were well looked after. A relative told us, "I am confident [person] is well looked after when I am not here." A professional told us, "I am pleased with care provided by Tall Trees nursing home."
- People had meaningful life story books developed with the help of their families and friends; they gave a detailed account of each person's former lifestyle, family history, work history, hobbies, recreational and social interests, travel and significant life events. Photographs enabled staff to have a full understanding of the person and share their memories with them. Staff continued the story books with entries and photographs of their life now living at Tall Trees.
- Staff supported people with compassion and in a way, which suited them. Staff knew people very well and choice and encouragement were given where required.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us they were involved in people's care. One person told us, "I am involved in any decision making. They ask if everything is ok and if I need anything more." Another person told us, "They ask me about what I would like and if I need anything." A relative told us, "They update me, and they will phone me. They also let me know when I come in to visit as I live away." Another relative told us, "I am involved in [person] care. everything goes by me." Another relative told us, "The staff all listen and make time for you, they are very accommodating."
- Resident meetings were held regularly. Minutes from these meetings showed people could any issues within the home.

Respecting and promoting people's privacy, dignity and independence

- The service usually followed data protection law. However, we found one computer in Aspen lounge was not always locked. A monitor was also being used which was accessible to all those accessing the lounge area. We discussed both these issues with the clinical lead who immediately acted to maintain confidentiality and dignity of people.
- We observed staff being kind to people. Observations showed people were involved in what they wanted to do. One person was supported by staff to lay cutlery and items out for lunch time. Staff kindly encouraged the person and supported them to do so. We could see from the persons demeanour, they were enjoying this.

- People and relatives told us staff promoted dignity and independence of people living in the service. One person told us, "The staff are very respectful to me and are kind." Another told us, "Staff are polite and talk in a kind way, they cover me up. They close the door and knock when they come in. I am encouraged to do as much as I can." A relative told us as soon as their relative moved into the service, staff offered and supported them to have a shower which they "really enjoyed" and "meant the world to them."
- Staff understood how to promote people's dignity and independence. One member of staff told us, "I always knock on the door even if no one is in the room, I always say hello and say why I am in their room." Another member of staff told us, "We are always knocking on doors, closing curtains, covering people up and talking to them with respect."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same good rating.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support that was planned and centred on their individual and specific needs. Care plans were personalised and sufficiently detailed to guide staff on the nature and level of care and support each person needed. This included plans for personal care which detailed people 'preferences for oral care, hair care, eye care and foot care. Dementia and psychological needs were also identified and people's abilities and strengths including how to promote independence, recognise triggers for anxieties and how to manage these with planned strategies. People's individual communication skills and abilities as well as various methods staff should use to communicate effectively were also included for staff to know and follow.

- Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers. People and relatives had access to information in a variety of methods including large print. These were available within the home or on request.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were able to follow a variety of interests and activities, both internal and external to the home. Tall Trees had a dedicated team of lifestyle co-ordinators to organise meaningful individual and group activities to help people live well with dementia by reducing the risk of loneliness and isolation. Staff were visible throughout our visit engaging people in meaningful interaction and activity. Tall Trees had formed a good relationship with a local pre-school nursery. In promoting 'Intergenerational Care' pre-school children visited weekly. We observed people sitting out in the garden talking with the children and watching them play. Strong relationships had developed between the residents and the children. One person who no longer had the ability to communicate and had limited interaction with their own family, came alive when the children were around, watching and smiling intently.

Improving care quality in response to complaints or concerns

- Systems and procedures were in place for people to raise complaints and concerns. A relative gave examples of past issues they have raised and told us they were satisfied with the outcome and response to them. A relative told us, "I have made several complaints in the past. The home does follow up on any issues you have."

- Complaints were logged and taken seriously to improve the service where possible and actions to reduce re-occurrence were in place.
- People and relatives said that they felt able to speak to the registered manager at any time. One person told us, "The manager is always about if I need to talk to them." Another person told us, "I would call the manager if I needed to." A relative told us, "The registered manager deals with my issues, so I have never had to make a formal complaint."
- Compliments had been received by the service, thanking them for the support given to people. One said, "Just a note to say thank you for the care and attention your staff and yourself [the registered manager] gave to [person]. We were always happy with their time at Tall Trees know that they were getting the best care." Another said, "Dear manager and day and night staff, many thanks for all the care and support while I have been at tall trees - you have made a difficult time much easier."

End of life care and support

- At the time of inspection, the service wasn't supporting anyone receiving end of life care. However, the service has good working relationships with healthcare professionals and specialists to ensure joined up care that promoted dignity and comfort when a person reaches the last stages of their life. The service made sure that facilities and support were available for people's family and friends at this time, and they felt involved.
- People's wishes were appropriately recorded in specific detail and families were involved as appropriate. Relatives told us they had been involved in their loved ones end of life care planning, commenting, "Yes, they have involved us."
- Staff told us, and records verified they had received End of Life training.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to an outstanding rating.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We received feedback about the service from a range of different professionals and people, all of which was extremely positive about the leadership of the service. One professional told us, "I have a lot of faith in the registered manager, who has always been responsive and helpful to me and others in the team. I find the staff open and able to discuss the people in their care confidently." Another told us, "Tall Trees nursing home have good caring staffs and they put residents' interest first." A relative told us, "The staff are amazing, Staff came in on their day off for [person] birthday! You do not get that anywhere I have seen."
- The registered manager had created an inclusive, person-centred culture and ensured it met the needs of the people they cared for and that staff delivered care at a high standard. People, their relatives and staff were involved in the creation and adoption of a shared vision and associated values for Tall Trees. Staff were extremely clear on the vision and values of the provider organisation and those of the service itself which were inclusive, empowering and achieved good outcomes for people. The registered manager told us this process had helped her to understand and develop her team, create and sustain positive relationships within Tall Trees and ensure people were at the heart of the service. It was clearly demonstrated throughout our inspection that staff worked collaboratively to ensure people received a pleasant experience and journey.
- Staff were highly motivated, showed pride in the care and support they delivered to people and were respectful in how they delivered it on a consistent and dignified way.
- Clear management structures were in place and staff passionately promoted high quality, person centred care. It was evident from documentation and systems in place that the needs of people were always at the centre of the work the service provided. Observations throughout the service showed staff were caring and had the support of the service to do their job consistently for people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team worked extremely well and consistently together in defined roles to best support staff and people to provide excellent care. A staff member told us; "The registered manager will not tolerate poor care, she is truly kind and caring. All she wants is for us to do our job properly and display the right values and behaviours. The manager is passionate, and I am immensely proud to work here."

- The registered manager was a finalist in the 2018 Care UK Outstanding Leadership award, nominated by relatives and staff. They said, 'Not only are they an inspiring and motivated leader, she's also dedicated to ensuring the team provide the best care possible, with independence and dignity being key. This is reflected by the ample amount of positive feedback the team receives, with one family describing the registered manager as 'their rock' during their difficult time. [The registered manager] goes beyond just caring for residents, she also cares about their families who describe Tall Trees as a 'second home'.
- There was a strong focus on continuous improvement within the service. The registered manager had a strong philosophy to respect, value and support staff. Management and staff told us how they were trying to improve the service for people and staff. The registered manager had introduced several initiatives into the service to promote the work of staff and thank them for what they did for people. This included weekly take away meals for staff and residents where a take away champion took each person's choice of meal and the most popular was ordered and staff sat with residents. Another initiative was the "Staff shout out" board in the reception area where staff and others were asked to write about a staff member who had shown the providers values. Some of the comments made included, "[Person] for doing a great job every day!" Another comment made was for a staff member being hardworking, reliable, compassionate and empathetic'.
- The registered manager also took learning from incidents in other services where concerns such as abuse had occurred and been reported. This was discussed with different staff groups to prevent it from occurring at Tall Trees. One member of staff told us, "No-one has ever disrespected me as a person or others who work or live here. I feel safe working here. Residents are guaranteed safety."
- The regional manager was visible to staff and people and acted as a role model to staff and managers. Systems and processes enabled them to provide excellent support to the registered manager and ensured they continued to have detailed oversight of the service.
- Audits were completed on a wide range of areas of service provision including meal times and medicines. Audits were carried out throughout the management team and fed back to the registered manager for sign off. The clinical lead completed regular weight loss and clinical meetings with nursing and care staff. This gave the registered manager and management of the service a consistent and detailed overview of what was going on in their service. Records showed us where issues were highlighted, immediate action was taken to understand the issue and rectify the issue. For example, a dining with dignity audit was undertaken during mealtime by a member of staff. The audit highlighted improvements that were required in the service and reflective practice took place with staff involved to see what could be improved on. This was then shared with all staff and any actions were added to the service improvement plan.
- People living at Tall Trees were at various stages of their dementia ranging from early onset to advanced stages. The provider and registered manager kept up to date with guidance and best practice through their partnership with University of Worcester, Association for Dementia Studies to achieve effective outcomes for people. The mealtime experience and life history books were part of the improvement strategy. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- The views of people, relatives and staff were consistently sought by the registered manager and were embedded as part of the values of the service. Posters provided feedback to visitors on improvements that had been made as a result from suggestions put forward through satisfaction surveys. For example, a staff feedback board set out what staff had said and what the service did to meet this. Staff provided feedback that they wanted more training to develop skills on in dementia care. The provider arranged for additional training in this area.
- Feedback received from a recent survey included, 'Staff are always helpful and responsive', 'Always staff appear to respond to residents with patience and kindness', 'Staff are always aware of what is happening and where to find information if required', 'I have always found manager and staff to be very responsive and helpful, cordial and inviting at all times and I feel able to discuss any issue even sensitive subjects with an open honesty.' And, 'The level of information retained by care staff regarding their residents care needs, is

very good'.

- Staff received supervision of their performance and regular team meetings. Staff told us they were provided an opportunity to feedback their views and suggestions for improvement which were considered and acted upon by the management team. A staff member told us, "[The registered manager] listens to you and is always open to ideas. I put an idea to her about a change in paperwork; stopping the use of bowel charts and incorporating this information into people's welfare check records, it made records more personalised and reduced paperwork for staff."
- The registered manager used the 'dot' voting system to encourage people to participate and express their opinions on the development of the service. This enabled everybody to be actively involved in decisions and choice about aspects relating to the home. This voting system was used when producing the values of the home and choosing the colour of the new curtains.

Working in partnership with others

- The service was connected to the local authority's training programmes including the PROSPER project. Prosper is an initiative aimed at improving safety and reducing the risk of harm to vulnerable people. We found the service had fully embraced Prosper with learning being applied to promote people's safety and wellbeing.
- The provider and management kept up to date with new guidance and developments and had links with organisations that promote and guide best practice. This was used to train staff and drive improvement consistently to provide quality care. Service leaders had undertaken training at Worcester university to become dementia champions and cascade learning to the rest of the staff team.
- The service was part of the 'Red bag scheme.' This is a collaboration between care homes and the NHS to share vital information about people's health and to improve the transition process between services. The registered manager told us, "We find this works really well and means that whenever someone is going to hospital or coming back from there, everything is together and in one place."